

Medical Direction and Practice Board
18-July-2007
Minutes

In Attendance Members: Kevin Kendall, Matt Sholl, Steve Diaz, Jonnathan Busko (for Paul Liebow), Eliot Smith, Jay Reynolds, Doug Boyink

In Attendance Staff: Jay Bradshaw

In Attendance Guests: Rick Petrie (Operations Rep), Dan Batsie (Education Rep), Tony Bock, Kim McGraw, Alan Azzara (MEMS Board Member), Mike Carroll, Jim McKenney, Bill Zito, Joanne LeBrun, Ginny Brockway, Tim Beals (MEMS Board Member), David White, Joe Lahood,

Topic	Discussion	Action(s)
1) May Minutes 2007	Motion for acceptance	First by Reynold, Second by Busko, with unanimous approval
2) Alan Parsons	Alan Parsons was an EMS provider in Maine killed while providing care to a patient in the back of an ambulance on July 6, 2007. Joanne LeBrun gave us information about the incident and the ceremony that followed. There has been lots of EMS support, both in and outside of Maine. Busko is familiar with some ambulance safety programs outside of Maine and encouraged to bring this to the MEMS board.	The MDPB recognized the sacrifice of Alan Parsons and Dr. Busko encouraged to bring resources he is familiar with to the Board of MEMS.
3) MEMS Board Retreat Update	Tim Beals is the Chair-elect for MEMS board. Priorities for EMS system and system control to be via the MEMS board (especially around project management). All day EMS board meeting for August 1. Nothing new on legislature and budget	No action
4) Protocol Review	A) Red 19 updated to add Lopressor as first line choice and Amiodarone second choice and to add wording to exclude use of lopressor in shock;(B) Add pediatric dose for Ondansetron where this occurs in the protocols at 0.15 mg/kg IV; (C) Also add second dose of option of Ondansetron after 15 minutes if first dose does not work; (D) with Pediatric Intubation, requirement of continuous end-tidal CO2 monitoring (capnograph); (E) Alternate airway device wording to allow class rather than specific type, and will incorporate Periglottic devices and Transglottic (obstructive) devices—educational issue to have wording adopted that states that it is always best to have one per class and if multiple devices as part of a service's "formulary," then must train and remain proficient in all the options for that service; (F)	
5) Cyanokit	Region 1 requests option to carry Cyanokit. This is hydroxocobalamin (a form of Vitamin B12) and has recent studies for utility in those with confirmed	Motion: Option to carry and administer Cyanokits by EMS—First by Smith, second by Sholl, Unanimous approval.

	<p>cyanide toxicity. Targeting of fire departments has occurred and thus brought to us for consideration. The studies do show effectiveness in the inclusion group, which were those the worst off and with documented cyanide toxicity. Issue of incidence of this toxicity in Maine and overall utility of kits. Would consider this as an option but at this point, we are not advocating this as the standard for EMS in Maine.</p>	<p>Process is now for the sponsoring agencies to create the protocol and training and bring to MDPB for approval and for inclusion of 2008 Protocol updates. Diaz will reach out to Tamas Peredy and see if there is a sensible way to address the availability for Cyanokits this for the state of Maine.</p>
6) Annual Goals for 2007-2008	<p>A) Completion of 2008 Protocol Updates in a timely and cost effective manner; (B) Develop an approval process for Specialized programs that are not going to be applicable to all the services of Maine; (C) Disaster development with MEMA and MECDC (incl. Pan Flu) and the folding in of the immunizations program begun last year; (D) Seasonal Influenza program for Immunization, and link this to mass inoculation if needed; (E) Follow-up blood products and PIFT; (F) Continued work with HART Committee to have goal of 100% use of 12-lead EKG and look at efficacy of pre-hospital cath lab activation; (G) Partnership with Maine ACEP to develop Maine EMS Medical Director Training (2 year project); (H) Process of re-evaluation—how does this happen and what is the monitoring plan?</p>	<p>All of this goes to the MEMS board September 2007 for help in organizing our priorities and project management</p>
7) CPAP Requests	<p>Northstar, Limington, Pace, County Ambulance Ellsworth, Auburn Fire Department and Delta Ambulance have all been vetted by Batsie and are appropriate for CPAP project per Batsie</p>	<p>Motion by Kendall, second by Sholl and unanimous approval to have these services as part of pilot. Report from Batsie to MDPB Sept 2007</p>
8) OLMC Update	<p>Busko and Sholl presented that MMC residents took this program which was 2 hours. Will bring this program back to Jay for detailed analysis and Maine ACEP in June agreed to help with the online product</p>	<p>Moving ahead....</p>
9) Blood Products Update	<p>Twelve hospitals responded (out of 36 acute care hospitals in Maine), and 10 were in favor of having paramedics transport blood products and 2 were not. Of the 12 hospitals, 5 indicated they could help with this project.</p>	<p>On annual goals this year and will present to MEMS board and see where this falls in the priority of our other goals.</p>
10) MEMS QI Committee Update	<p>LeBrun and Diaz presented the update. (A) Airway QI: How are we doing? What are we missing (compliance with the project)? And how do we measure success? These are current issues QI is investigating; (B) 12 lead: regions will be going live in a staggered fashion based on their scheduling, goes live with protocol 2008 update; (C) Mental Health Transfers—looking to September 2007 meeting to have a larger group help us</p>	<p>Anonymous QA—Busko will reach out for Bradshaw for contact on this.</p>

	<p>understand and perhaps begin problem solving here if appropriate—many of these non-critical transfers occur in the middle of the night and can be long transfers—putting crews and patients at some increased risk for nighttime transfers; (D) Anonymous QA--- discussed the concept of Medical Errors Anonymous Reporting System, which is a one time “get out of jail free” type system based on system improvement. How this might work as a QI form or electronic form and how melds with the state of Maine is “up in the air.” Very preliminary talks and Busko may have a contact here.</p>	
11) Education Committee Update	No meeting in July. Working on accreditation piece and looking at protocol proposals.	Suggestion to forward education document relating to protocol changes to Dan Lambert for pharmacy vetting.
12) Operations Committee Update	No meeting since May. (A) The ALS Institute from New Hampshire and their Intermediate Classes with some clinical issues and currently future intermediate classes from there for Maine are not approved. (B) Regional Prep Plan work through the Maine Public Health Office. (C) Mark I letter went out yesterday. (D) OPHEP is giving us money for escape hoods.	No actions
13) Thank you to Dr. Eliot Smith	This is Dr. Eliot Smith's last meeting and Tony Bock will be taking his place as the region 1 medical director for EMS. We all thanked him for his years of service and wish him well.	Unanimous Consensus to have plaque provided for Dr. Smith
Next Meeting	No August meeting	September 2007, third Wednesday at 9:30 am is the next MDPB meeting